

Annual Certification – Communications Equipment Insurance Agent

Lic. CV 2 (Rev 12/2002)

Producer Licensing Bureau

320 Capitol Mall

Sacramento, CA 95814

Information (800) 967-9331 Or (916) 322-3555

www.insurance.ca.gov

ANNUAL CERTIFICATION

To California Insurance Commissioner

Pursuant to CIC Section 1758.63 (a)(3)

I, _____ as an officer or owner of
Print Name

_____, hereby certify under penalty of perjury
under the laws of the State of California that the following is true and correct for the twelve month
period from _____ to _____:

1. The number of employees qualified to offer insurance products under the authority of the communications equipment agent license for this period is_____.
2. No person other than an authorized employee sells or offers insurance on its behalf.
3. All authorized employees have completed the required training and/or have been retrained for this period.

Licensee's Name_____

License Number_____

Signature _____

Title_____

Date_____